





## BETTERBUILDINGS RESIDENTIAL PROGRAM APPLICATION

| APPLICANT INFORMATION  |  |                |                                 |  |  |                      |    |     |  |
|--|--|----------------|---------------------------------|--|--|----------------------|----|-----|--|
| Last Name  |  | First Name     |                                 |  |  |                      | MI |     |  |
| Phone  |  | E-mail Address |                                 |  |  |                      |    |     |  |
| Are you the owner property?  |  |                |                                 |  |  |                      |    |     |  |
| How did you hear about the BetterBuildings program?  |  |                |                                 |  |  |                      |    |     |  |
| PROPERTY INFORMATION   |  |                |                                 |  |  |                      |    |     |  |
| Property Type: Single family Multi-family (#of units) Total area (ft²)  Year built   |  |                |                                 |  |  |                      |    | ilt |  |
| Street Address   |  |                |                                 |  |  | Apartment/Unit #     |    |     |  |
| City   |  |                |                                 |  |  | Zip                  |    |     |  |
| UTILITY INFORMATION  |  |                |                                 |  |  |                      |    |     |  |
| Duke Power Account #:  |  |                | Piedmont Natural Gas account #: |  |  | Other fuel supplier: |    |     |  |
| Have you recently had a Home Energy Assessment completed on your home?  □ YES (Please attach a copy of the Assessment along with a copy of the paid Invoice)  □ NO |  |                |                                 |  |  |                      |    |     |  |
| UPGRADE INFORMATION (PROGRAM ELIGIBLE UPGRADES)  |  |                |                                 |  |  |                      |    |     |  |
| Basic Level  | <ul> <li>✓ All required test-in and test-out procedures</li> <li>✓ Air and draft sealing</li> <li>✓ Ductwork sealing</li> <li>✓ Ductwork insulating</li> <li>✓ Attic, floor and wall insulation, including knee wall support</li> <li>✓ Weather-stripping</li> <li>✓ Low faucet aerators</li> <li>✓ Re-lamping of fixtures with CFL or LED lamps</li> <li>✓ Retrofits required to meet ventilation and moisture management requirements</li> <li>✓ Outside ducted kitchen and bath exhaust fans that meet ASHRAE 62.2 standards for ventilation</li> </ul> |                |                                 |  |  |                      |    |     |  |
| Intermediate Level   | ✓ All basic level items listed above ✓ Carbon-monoxide (CO) and Radon detection equipment/tests ✓ Attic radiant barriers ✓ HVAC system tune-ups and re-commissioning ✓ Replacement of non-Energy Star rated water heater with Energy Star rated model ✓ Vapor barriers ✓ Storm window and storm door repairs or installations ✓ Water heater and water line insulation ✓ Window and door repairs   |                |                                 |  |  |                      |    |     |  |

| Whole Home  | ✓ All basic and intermediate level items listed above ✓ Replacement of 10 SEER or less HVAC, heat pumps, or air conditioners with new systems ✓ Replacement of windows and doors with Energy Star rated replacement units ✓ New lighting fixtures required to utilize CFL or LED lamps ✓ Non-Energy Star appliance replacements with Energy Star rated appliances ✓ Renewable energy system installations |                           |                          |  |  |  |  |  |
|---|---|---------------------------|--------------------------|--|--|--|--|--|
| ARE YOU INTERESTED IN HAVING US DETERMINE IF YOU QUALIFY FOR A DIRECT GRANT FOR A BASIC LEVEL UPGRADE TO YOUR HOME?   |   |                           |                          |  |  |  |  |  |
| □ YES (If YES, p  | lease respond to the following questions  | below).                   |                          |  |  |  |  |  |
| □ NO (If NO, sk   | ip this section. Read and sign the section  | n below).                 |                          |  |  |  |  |  |
|   |   | What is your total househ | old annual gross income? |  |  |  |  |  |
|   | live in your home?  | •                         | ord annual gross meome.  |  |  |  |  |  |
| (Note: Pregnant w   | omen count as two people)   | \$                        |                          |  |  |  |  |  |
|   |   |                           |                          |  |  |  |  |  |
| DATA AUTHORIZATION AND SIGNATURE  |   |                           |                          |  |  |  |  |  |
| The BetterBuildings program is a federally funded program to assist City of Greensboro residents in making energy efficiency improvements to their homes.   |   |                           |                          |  |  |  |  |  |
| For the program to be successful, access to the energy usage data where improvements are being made is important. Information gathered from utility companies will be used to assess the effectiveness of improvements made to ensure that maximum energy efficiency is being achieved. The data will allow us to evaluate the measures that have been taken.   |   |                           |                          |  |  |  |  |  |
| As the account holder, I hereby authorize and give permission to the utilities and energy suppliers named above to release account and energy savings program information to the City of Greensboro or its agents, and the U.S. Department of Energy, for <u>confidential</u> use in connection with calculating energy savings estimates and evaluating the effectiveness of the program. This permission is given for:  1) the monthly and total amount of household utility consumption, and |   |                           |                          |  |  |  |  |  |
| 2) the price charged for the household utility consumption.   |   |                           |                          |  |  |  |  |  |
| This authorization covers the period starting 24 months before the date below and 36 months after the date of authorization.  |   |                           |                          |  |  |  |  |  |
| I further agree to participate in quality assurance and evaluation activities, the purpose of which is to provide the program administrators an opportunity to ensure that the eligible measures are installed consistent with program standards and to assess energy savings and program effectiveness.  |   |                           |                          |  |  |  |  |  |
| This authorization may be revoked by written notice to City of Greensboro BetterBuildings Program, P.O. Box 3136 Greensboro, NC 27402.  |   |                           |                          |  |  |  |  |  |
| The City of Greensboro takes the privacy and security of your information very seriously and will never sell or otherwise release personal information to outside parties.  |   |                           |                          |  |  |  |  |  |
| Signature (Proper   | ty Owner)   | Date                      |                          |  |  |  |  |  |

Date

Signature (Tenant, if property is not owner occupied)